

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

10/620658

72-09-05

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			1			
2						
3						
4						
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46						
47						
48						
49						
50						
Total Indep			1			
Total Depend			16			
Total Claims			17			